MASSAGENERD.COM

Presents



That can be used all over the body

"The Sllllllllllooooooooowwwwwwwwwwwww Stretch"

By
Ryan Hoyme
CMT, NCTMB, HST

INDEX

"TART"
Tissue texture changes
Asymmetry
Restricted motion
Tenderness

Legal Disclaimer

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WHO'S YOUR FASCIA

Facts

- Fascia has a strong tendency to contract due to age, chilling, poor posture, and injury to the muscle it surrounds, and muscular imbalance.
- The human body is held together and given its shape by connective tissue. Developing early in fetal growth, all of the connective tissue in the human body is continuous.
- There is a lot of it: about 20% of the weight of the human body is connective tissue.
- Fascial restriction usually involves an area larger than a small-localized spot.
- Have you ever heard the term "Everything is connected"?
- Fascia can be compared to the body's own version of "Saran Wrap."
- Fascia surrounds every organ, blood vessel, nerve, muscle, and bone of pelvic cavity.
- A pulled muscle can be classified as a fascial distortion.
- Once fascial adhesion forms, then the injury becomes chronic.
- Fascia is composed of two types of fibers: *collagenous fibers*, which are very tough and barely stretchable; and *elastic fibers*, which are stretchable.
- Sheets of fibrous myofascial adhesion can form anywhere along nerves and block normal healthy function.
- Myofascial pain is probably the most common cause of musculoskeletal pain in medical practice.
- Fascia and Muscles may be arranged, according to the general division of the body: head, neck, trunk, upper extremity, and the lower extremity.
- There are four major planes of fascia in the body that are oriented in more of a transverse plane are: pelvic diaphragm, respiratory diaphragm, thoracic inlet and cranial base.
- There are the fascia lines in the body: superficial back line, superficial front line, lateral line, spiral line, superficial back arm lines, deep back arm lines, superficial front arm lines, deep front arm lines, functional lines and the deep front line.
- It supports and stabilizes thus enhancing the postural balance of the body.
- It is vitally involved in all aspects of motion and acts as a shock absorber.
- It aids in circulatory economy, especially in venous and lymphatic fluids.
- Fascial change will often precede chronic tissue congestion.
- Such chronic passive congestion creates the formation of fibrous tissue, which then proceeds to increase hydrogen ion concentration of articular peri-articular structures.
- Fascia is a major area of inflammatory processes.
- Fluid and infectious processes often travel along fascial planes.
- The central nervous system is surrounded by fascial tissue (dura mater) which attaches to the inside of the cranium, the foramen magnum and at the second sacral segment. Dysfunction in these tissues can have profound and widespread neurological effects.
- **Three divisions of fascia:** superficial fascial lies directly below the dermis; deep fascia surrounding and infusing with muscle, bone, nerves, blood vessels and organs of the body all the way down to the cellular Level, and deepest fascia within the dura of the cranial sacral system.
- **Myofascial element** - for every muscle of the body is surrounded by a smooth fascial sheath, every muscular fascicule is surrounded by fascia, every fibril is surrounded by fascia, and every micro-fibril down to the cellular level is surrounded by fascia that can exert pressures of over 2,000 pounds per square inch. Therefore, it is the fascia that can ultimately determine the length and function of its muscular component.
- Fascia at the cellular level creates the interstitial spaces and has extremely important functions of support, protection, separation, cellular respiration, nutrition, elimination, metabolism, fluid and lymphatic flow. In other words, it is the immediate environment of every cell of the body. This means that any trauma or malfunction of the fascia can set up the environment for poor cellular efficiency, necrosis, disease, pain and dysfunction throughout the body.
- Fascia is a tough connective tissue which spreads throughout the body in a three dimensional web from head to foot without interruption. The fascia surrounds every muscle, bone, nerve, blood vessel and organ of the body, all the way down to the cellular level. Therefore, malfunction of the fascial system due to trauma, posture, or inflammation can create a binding down of the fascia, resulting in abnormal pressure on nerves, muscles, bones, or organs. This can create pain or malfunction throughout the body, sometimes with bizarre side effects and seemingly unrelated symptoms, not always following dermatomal zones. It is thought that an extremely high percentage of people suffering with pain and/or lack of motion may be having fascial problems; but most go undiagnosed, as the importance of fascia is just now being recognized. All of the standard tests, such as x-rays, mylelograms, CAT scans, electromyography, etc., do not show the fascial restrictions.

FASCIA DICTIONARY

Cartilage - often present between bony surfaces to present a degree of protection for bone surfaces by providing "padding" and shock absorption capabilities.
Collagenous fibers - very tough and have little stretchability.
Connective tissues (of the joint) - include cartilage, ligaments, tendons and muscle fascia or fascial sheath. The physical properties of connective tissue determine flexibility at the joint.
Continuum Distortion - Alteration of transition zone between ligament, tendon, or other fascia and bone. Complain of pain in one spot.
Cylinder Distortion - Overlapping of cylindric coils of fascia. Deep pain in a non-jointed area, which cannot be reproduced or magnified with palpation.
Dural tube - surrounding and protects your spinal cord and it contains the cerebrospinal fluid.
Elastic fibers - stretchable.
First layer is the superficial fascia is attached to the underside of your skin. Capillary channels and lymph vessels run through this layer, and so do many nerves.
Folding Distortion - Three-dimensional alteration of fascial plane. Hurts deep in the joint.
Herniated Triggerpoint - Abnormal protrusion of tissue through the fascial plane. Smaller fascial herniations
Ligaments - connect bone to bone and offer stability and integrity to joint areas.
Muscle fascia - represented by 3 "layers" of fascia that wraps the muscle:

- Endomysium- wraps individual muscle fibers or cells.
- Perimysium- wraps around groups or bundles of muscle fibers.
- Epimysium- wraps the entire muscle.

(These various "layers" of fascia culminate in the tendons of the muscle)
Second layer - the deep fascia is much tougher and denser material. Your body uses deep fascia to separate large sections, such as the abdominal cavity.
Tectonic Fixation - Inability of fascial surfaces to glide. Complain that their joint being stiff.
Tendons - connect muscles to bone. The force of muscle contraction is transferred via the tendinous attachment of the muscles to the skeletal system.
Third layer of fascia is the sub serous fascia. This is loose tissue that covers your internal organs and holds the rich network of blood and lymph vessels that keep them moist.
Triggerband - Distorted fascial band. Sweeping motion with their fingers along the involved pathway when describing their discomfort.

MYOFASCIAL RELEASE

(MFR)

- Myofascial Therapists also teach the patient stretching exercises to help them maintain their health.
- Myofascial Release is generally an extremely gentle sustained pressure and gentle form of stretching that has a profound effect upon the body tissues.
- Explain the treatment to the client.
- Myofascial release is an osteopathic term coined by Dr. Robert Ward.
- John F. Barnes is Physical Therapist and the greatest teacher of Myofascial Release today.
- Myofascial release is also called connective tissue.
- Treatment consists of strokes and stretching called unwinding, which helps the Therapist find specific areas of trauma called still points.
- When scars harden in one area, it can put tension on that area and areas far away.
- The stretch must be given with sufficient sweep.
- The area needs to be contracted painlessly without putting any strain on the area worked.

Finding fascial restrictions

- The client must be placed in a comfortable position.
- Before you stretch the fascia, you must stretch and relax the skin.
- Use skin rolling or Petrissage techniques to test the fascia.
- Go both directions to find the most restrictive area.
- If the fascia seems to be flexible, move to another area.

Starting the stretch

- At first the elastic component of the fascia will release, and at some point in time the collagenous barrier will be engaged. This barrier cannot be forced (it is too strong). One waits with gentle pressure, and as the collagenous aspect releases, the therapist follows the motion of the tissue, barrier upon barrier until freedom is felt.
- Muscles must be kept relaxed while being stretched.
- Slower is better.
- No oil is to be used.
- The therapist's hands and the client's skin must move as one (if you slide on the client's skin, you are performing it wrong).
- Let your hands sink into the client's body.
- The stretch must reach deep enough, but do not force it (pressure only finds the tender area and it does not replace the stretch).
- Your hands will move during the treatment, because the fascia is relaxing.
- Hold a myofascial technique on an average of 90 seconds; some people say 2-5 minutes and others say once you feel a release.
- Push the fascia into a problem joint if there is a problem near a joint.
- If the client notices any tingling or numbness, go to another area.
- Do not tense up when holding the technique.
- You can work all the layers of the fascia, but warm-up each layer first.
- Relax the area after completing a myofascial technique.
- It is harder to do myofascial when the client has cloths on, but it is possible.
- Myofascial is used more for specific treatment areas.
- Myofascial can be painful at times and let the client know the negative parts to it.
- Tell the client to drink a lot of water after the treatment.
- The purpose of myofascial release is to stabilize and relax the fascia.

How to start it - www.journeysend.ca/healingresources/articles/technique.html

Leg Pulls - www.journeysend.ca/healingresources/articles/technique.html

4 levels of MFR

1. Treatment of the tissue without introducing tension (the therapist's contact moves longitudinally along muscle fibers, distal to proximal, with the client passive).
2. A glide is applied to the muscle which is in tension.
3. Introduction to the process of passively induced motion, as an area of restriction is compressed while the tissues being compressed are taken passively through their fullest possible range of motion.
4. The client actively moves the tissue through the fullest range of motion, from the shortest to the longest, while the therapist offers resistance.

Range of motion

- You can move limbs and traction it to develop a myofascial technique.
- You can pull, twist and then hold limbs to produce myofascial techniques.

Myofascial Unwinding - www.wholisticphysicaltherapy.com/MFRthrpn.htm

Criteria of Fascial Work - **www.ultimatewatermassage.com/massage-types-connective-tiss.htm**
www.johnlatz.com/keyelements_article.html

Fascial Distortion Model (FDM) - www.fascialdistortionmodel.com/about.html

MYOFASCIAL RELEASE (MFR)

John Barnes
www.myofascialrelease.com

ACTIVE MYOFASCIAL RELEASE (AMFR)

www.chiroweb.com/hg/18/14/01.html

Developed by Leahy and Mock; there are four phases of releasing tension/adhesions in the taut bands. Phase III entails digital pressure over the adhesion, while the muscle is passively stretched. Phase IV entails the same thing except with active motion.

CONNECTIVE TISSUE MASSAGE/ BINDGEWEBS MASSAGE (CMT)

www.thebodyworker.com/modalitiesC.htm
www.johnlatz.com

Developed by Elizabeth Dicke of Germany. Technique consists of light strokes focusing on the superficial fascia between the skin and muscles. The tissue is hooked with the fingers of the therapist and dragged or pulled, stretching the skin. No oil is used and the work often leaves a mark somewhat like an abrasion or burn. Working in one area of the body causes a related effect at another area.

ACTIVE MOVEMENT PARTICIPATION (AMP)

www.somatics.de
(Professional Section)

INTEGRATIVE FASCIAL RELEASE (IFR)

www.fascialrelease.com/integrative_fascial_release.htm

SELF-MYOFASCIAL RELEASE (SMFR)

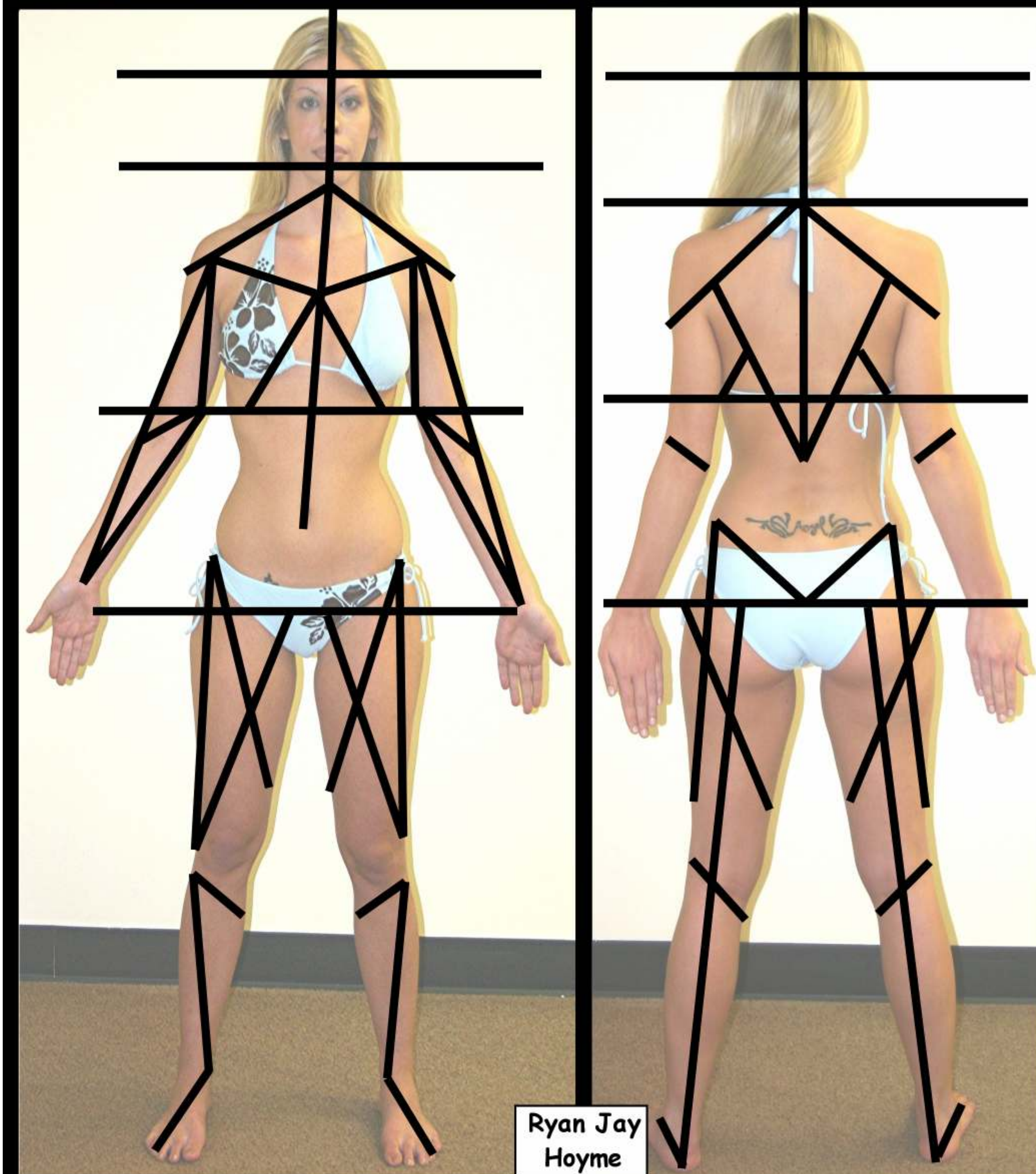
www.ptonthenet.com/articles/corparticles/AR_self_myofascial_release_techniques.htm

MF Athletic Company (800) 556-7464, Cranston, Rhode Island, USA to order the 6" round / 36" long foam roll.

ANATOMY TRAINS

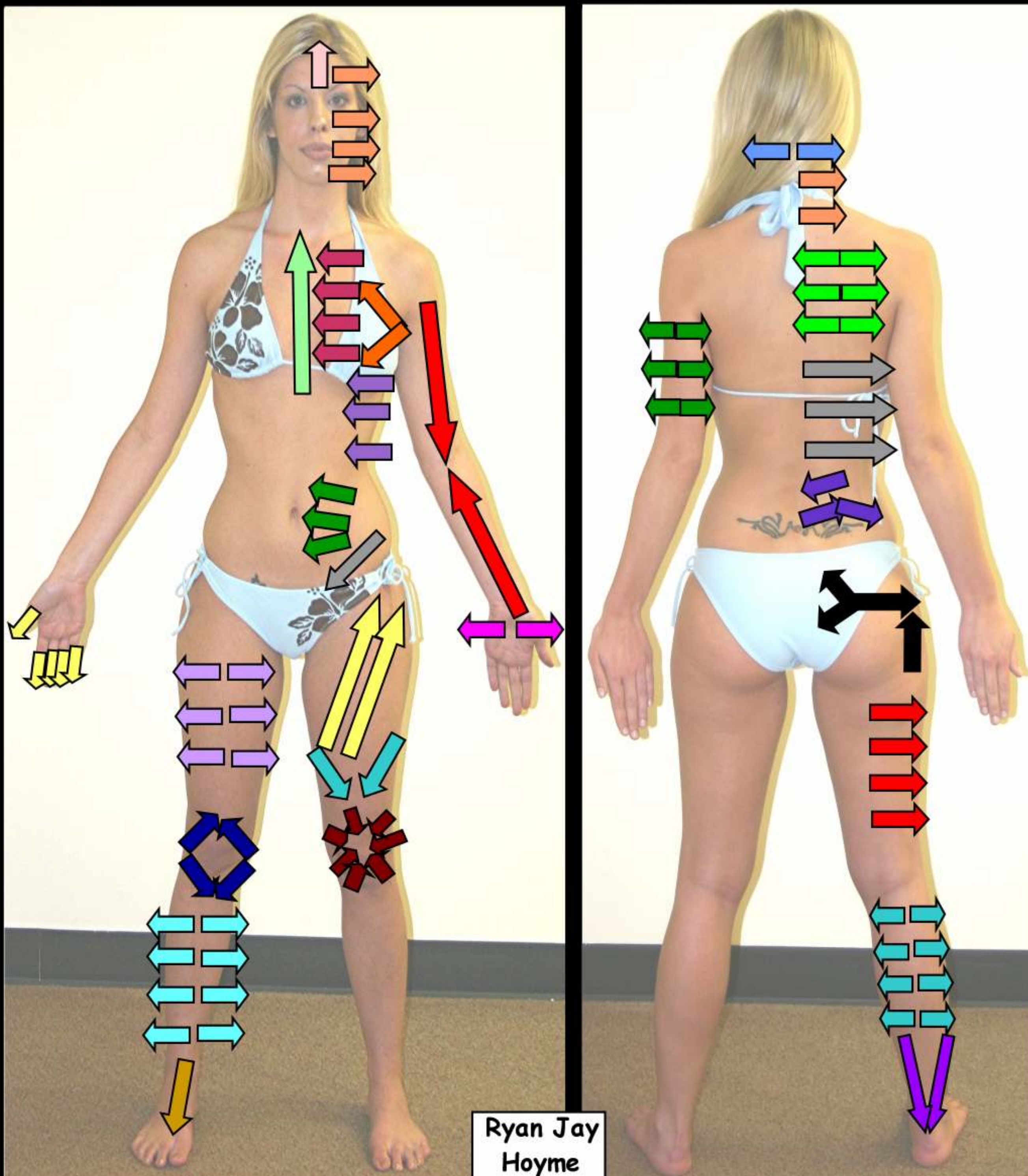
www.somatics.de
(Professional Section)
www.anatomytrains.net/flash/index.html

Fascial Sheaths



*The fascial separations can be separated by palpating with the fingers.
*With sufficient pressure, the fingers tend to fall into these grooves, which can then be followed.

Connective Tissue Massage



Each Layer

SKIN

FASCIA

MUSCLE

FASCIA

MUSCLE

FASCIA

BONE

FASCIA

MUSCLE

FASCIA

SKIN

Ryan Jay Hoyme

RULES OF MFR

*No OIL!

*If you have oil on the body, place a towel over that area (And pull the area of the towel in the middle up so it has some slack) and perform the technique.

*Use petrissage, vibration, and pinching techniques to access an area for fascia tightness.

*Plant your hand on a body part and move in different directions to test for restrictions (don't slide on the skin).

*Do not slide on the skin, only on the fascia.

*Always release a stretch slowly.

*A stretch can last 2-5 minutes (some areas only 30-90 seconds).

*If a MFR technique pulls you in a certain direction, just follow that direction.

*About any regular stretch can be made into a MFR technique.

*Know the planes of anatomy trains.

*Most MFR techniques should not hurt, rather, a minor discomfort.

*To start a MFR technique, let your hands melt into the body.

*Don't force a stretch, just a little push.

*If you see yourself moving, you are probably doing the techniques wrong.

*Your hands should be at an angle with a little force when performing a stretch.

*You are performing a form of Trigger Point Therapy when you perform MFR.

*The style "Active Myofascial Release" involves the client helping with the stretch (either with resistance or movement in different directions).

*If the stretch goes fast (and you are performing it the right way), then you don't need to stretch that area.

*Your body is going to perform a lot of internal rotation of the shoulder, so stretch that area of your body on a regular basis.

CROSS HANDED STRETCH

1. 

2. 

*One or both the hands will move.

PLANTED STRETCH

1. 

2. 

*Only the hand going up the back will move, the other one is planted.

L - STRETCH

1. 

2. 

*The one hand planted like an L will not move.

I - STRETCH

1. 
2. 

*One or both hands will move.

S - STRETCH

1. 
2. 

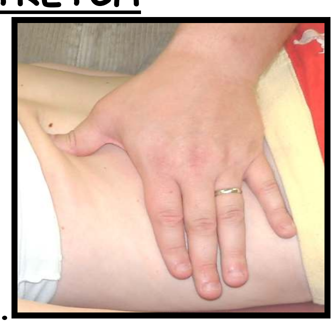
*One or both hands will move.

W - STRETCH

1. 
2. 

*Both thumbs will move.

THUMB STRETCH

1. 
2. 

*Move your thumb around to the most restrictive point and push into it.

FOREARM STRETCH

1. 

2. 

*Use your body weight.

JOINT STRETCH

1. 

2. 

*Push into the joint.

PALM STRETCH

1. 

2. 

*Use your body weight.

TWIST STRETCH

(AKA Snake Bite)

1. 

2. 

*Twist in opposite directions. If the client feels tingling, let go slowly.

STRAIGHT STRETCH

1. 

2. 

*Only your hand goes up the leg, the other hand holds the ankle in plantar flexion. (Also is used on other parts of the body)

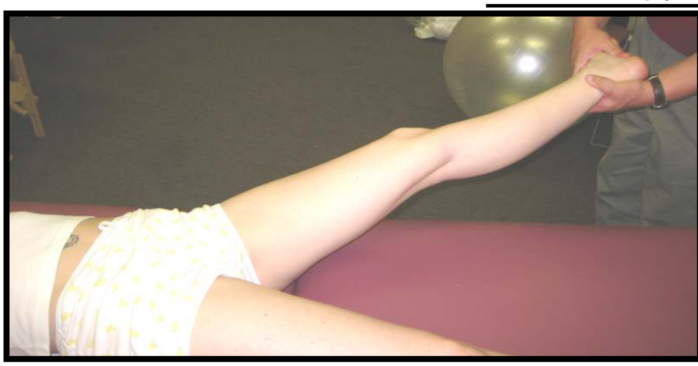
ELBOW STRETCH

1. 

2. 

*Deeper form of MFR.

TRACTION STRETCH

1. 

2. 

*Twist both directions and go towards the most restrictive point.

RATCHET STRETCH



1.



2.

*Compress an area and then keep the compression while you extend the limb. If any tingling happens, please release slowly.
*Also with hams in the prone position

RATCHET TWIST STRETCH



1.



2.

*Compress an area and then keep the compression while you rotate the limb. If any tingling happens, please release slowly.
*Also with hams in the prone position

KNUCKLE STRETCH



*Slide knuckle in the direction of resistance.

SIDE ELBOW STRETCH

1. 

2. 

*Deeper form of MFR.

UNDER STRETCH



*Plant your top hand and your other hand slides under.

THUMB SPREAD STRETCH

1. 

2. 

*Spread thumbs apart (or cross you arms and perform the same stretch).

FINGER STRETCH



*Fingers on top of fingers and glide slowly.

HEEL STRETCH



*Glide with your heel of your palm.

DOUBLE THUMB STRETCH



*Glide with both of your thumbs.

ELBOW TWIST STRETCH

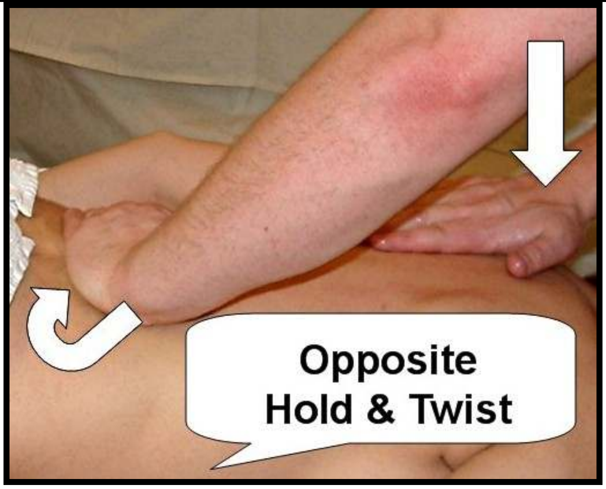
1. 
2. 
3. 

*Twist elbow in the most restricted direction.

ANY STRETCHING TECHNIQUE

***Any stretching technique can be made into a MFR technique**

BROADENING

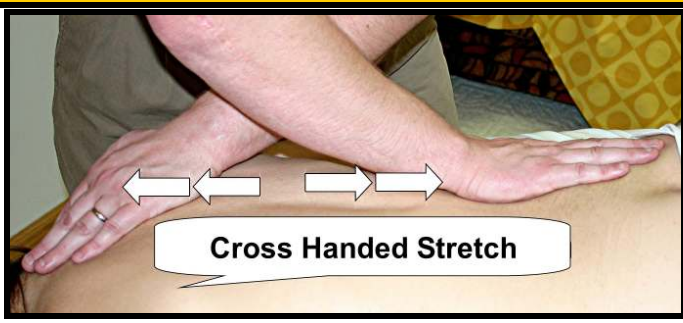


A.



B.

A. Plant one hand and glide the other hand down to their low back and then twist that hand.
B. Plant one hand and glide the other hand down their back.



A.



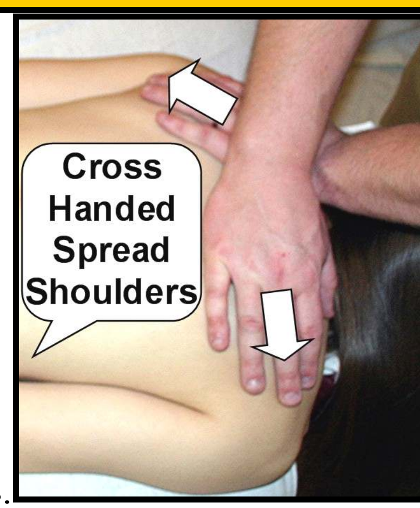
B.

A. Cross your hands and glide.
B. Cross your hands and glide on their spine (light).



A.

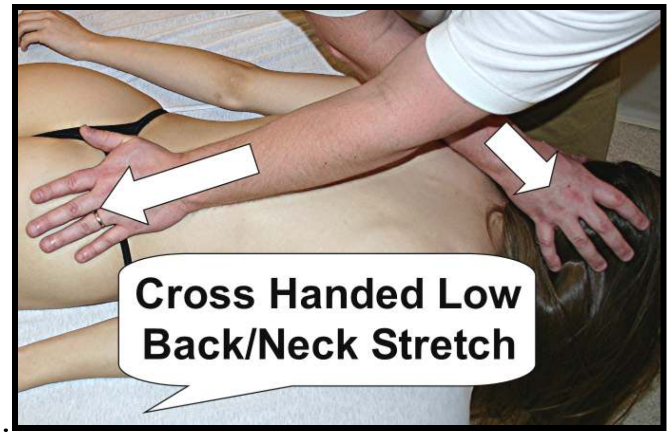




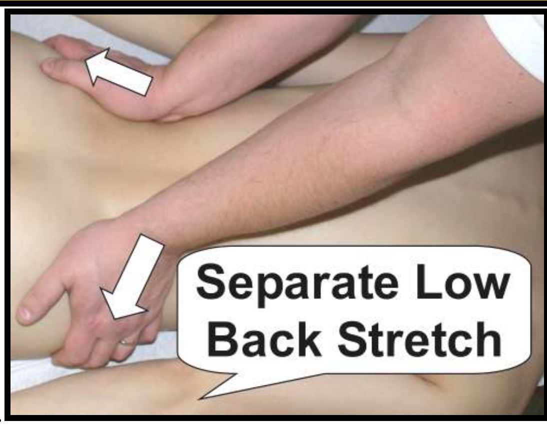
B.

A. Separate their shoulders with your palms or forearms.
B. With your hands crossed, separate their shoulders with your palms or forearms.

A.

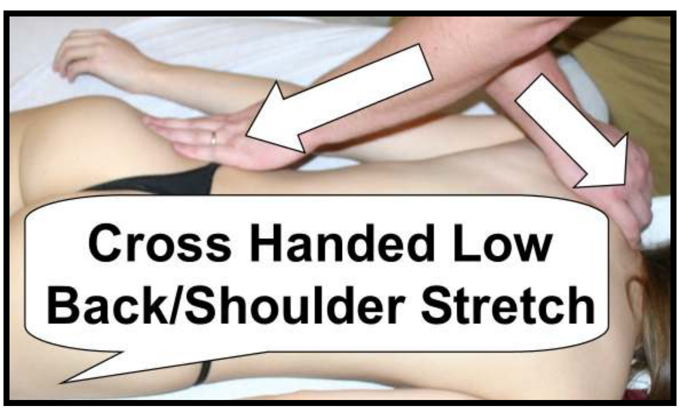

B.


A. Hook your palm under their occipital ridge, hold it there, and glide down their shoulder.
B. Hook your palm under their occipital ridge, hold it there, and glide down their back.

A.


B.

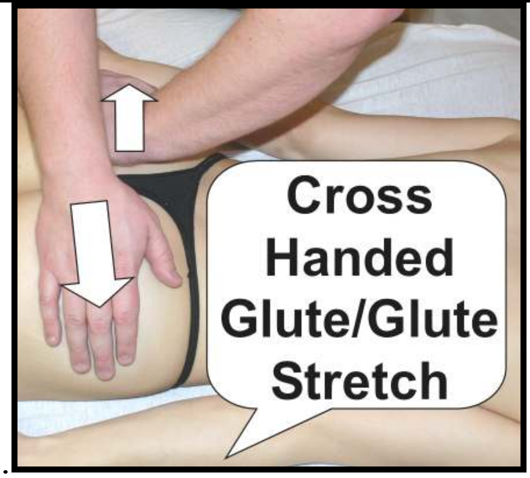

A. Hook your palms above their iliac crest.
B. Hook your palm on their iliac crease and glide with the other hand.

A.


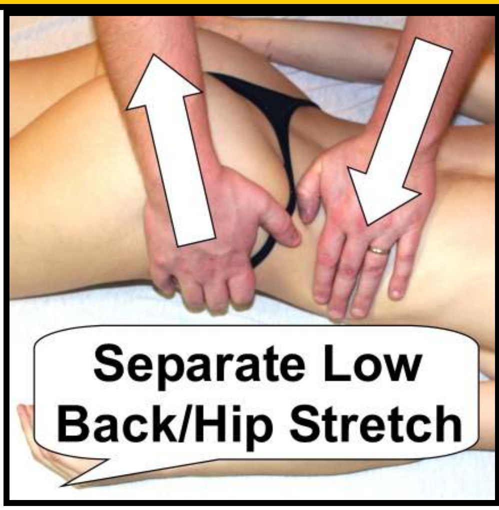
B.


A. Hook one hand on their iliac crest and glide the other hand over their shoulder.
B. Hook one hand on their greater trochanter and glide the other hand down their hams.

A.


B.


A. Plant your hand on their greater trochanter and glide the other hand up their back.
B. Separate the glutes.

A.


B.

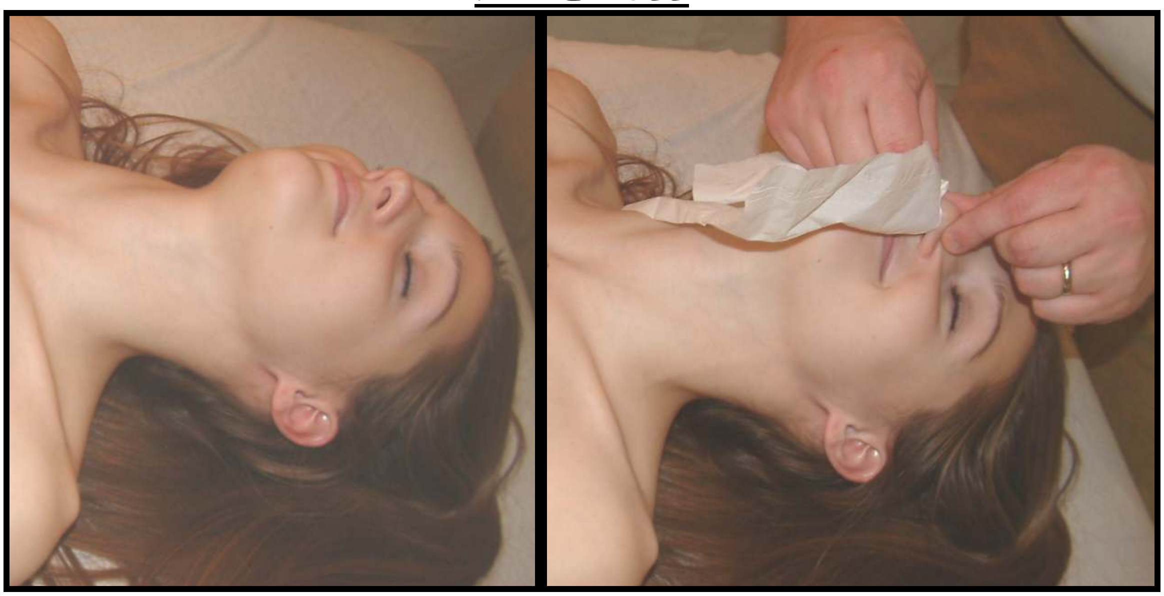

A. Pull up on their hip and glide the other hand under their stomach.
B. Pull their arm and glide down their back.

EAR PULL



1. Place your thumb in their ear and pull at different angles.
2. Then, find the most restrictive and hold (2-5 minutes).

NOSE PULL



1. Pinch their septum and pinch the top of their nose.
2. Then pull at the angle of the nose and hold (2-5 minutes).

PLATYSMA SPREAD

1. 

2 & 3. 

1. Push your hand towards their feet.
2. Next, hold your hand on their sternum (don't shove it).
3. Slowly drop their head down (2-5 minutes).

SUBOCCIPITAL SPREAD

1. 

2. 

1. Have your fingers under their suboccipital ridge.
2. Slowly bring your fingers around to their mastoid process (2-5 minutes).

PALM SPREAD

1. 
2. 

1. Wrap your pinkies between their pinky/ring & thumb/index.
2. Slowly spread your thumbs apart (2-5 minutes).

FINGER TRACTION

1. 
2. 

1. Slowly pull and twist a finger in different directions.
2. Hold and twist more in the most restrictive direction (2-5 minutes).

*Also with the toes

SNAKE BITE FOOT




Twist the foot in different direction and hold in the most restrictive direction (2-5 minutes).

SACRUM PULL


1.


2.


3.


4.


5.


6.


7.

1. Have the client lift up their knees and hips.
2. Place your hand on their sacrum.
3. Have them lower their hip and knees.
4. Move your hands in opposite directions.
5. Once you find restriction, pull/push (2-5 minutes).
6. Have them lift up their knees and hips.
7. Pull out your hand.

FASCIA POP


1.


2.


2.


3.


4.

1. Pinch the low back.
2. Roll it around until you can't move it anymore.
3. Quickly pull up and don't slip off (You should hear a pop).
4. Try it in different areas (lower lumbar all the way up to mid-thoracic area).

SIDE MYOFASCIAL RELEASE

A lot of the MFR techniques can be performed when the client is lying on their side.

SERRATUS ANTERIOR MFR



TFL MFR



ADDUCTOR MFR

